

## Weida Management

**Property Checklist - Apartment Address:** \_\_\_\_\_

This form is due within 7 days of the start of your lease agreement. Please complete the form below regarding condition of all items. Management uses the move-in checklist when determining if any of the tenant's deposit will be retained for cleaning or repairs after move-out. BE SPECIFIC AND DETAILED when completing this form.

**A few notes:**

1. Shower curtains and shower curtain rods are not provided. You must purchase and properly use these items.
2. Your water may have a sulfur smell due to being vacant. You can eliminate this by turning on the hot water and letting it run until it is cold.
3. If any of your appliances don't work, first make sure that they are plugged in and secondly that all your breakers are on. Your breaker box is the gray box on the wall and is usually located in the hallway.
4. Per your lease, you are responsible for turning on the utilities that apply to your specific unit, by the **start** of your lease. Make sure you call the appropriate companies to set them up even if they are on upon your arrival. If you have questions regarding this, please refer to your lease agreement.

Item	Working	Not Working	Remarks
Refrigerator			
Stove Top			
Oven			
Dishwasher			
Microwave			
Kitchen Faucet			
Garbage Disposal			
Ceiling Fan(s)			
Overhead light (s)			
Air-Conditioner			
Heat (only test if <60 degrees)			
Water Heater			
Smoke Detector(s)			
Toilet(s)			
Bathroom Faucet(s)			
Shower(s)/Tub(s)			
Bathroom Fan(s)			
Vertical Blind for Patio			
Patio Screen Door			
Window Blind(s)			
Window Screen(s)			
Other:			

Condition of	Good	Fair	Poor	Remarks
Carpet				
Tile Flooring				
Kitchen Countertop(s)				
Kitchen Cabinet(s)				
Bathroom Countertop(s)				
Bathroom Cabinet(s)				
Other:				

If repairs are needed, we will contact you to schedule. Please keep in mind that we have a large volume of repair work from May to September. Emergencies will have first priority – emergencies include fire, flood or electrical issues. Finally, by submitting this document, you are acknowledging that you have tested the smoke detector and have found it in working order unless otherwise documented on this form. You also agree to test the smoke detector monthly and notify management immediately if it is not working. If you have any questions, please contact us at 765-743-017. We appreciate your patience and cooperation. Thank you!

Name – Print	Phone Number	Email	Signature

**For office use only**

Date Returned: \_\_\_\_\_

Work Order Number: \_\_\_\_\_